



**Applicant Information** – You **MUST** PRESENT THIS FORM TO BE FINGERPRINTED. **NO EXCEPTIONS** WILL BE ALLOWED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. CURRENTLY VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING. PLEASE SEE BELOW FOR DETAILS RELATED TO IDENTIFICATION.

NO VARIATIONS OF THIS FORM WILL BE ACCEPTED.

IF YOU ARE NOT ABLE TO ATTEND YOUR SCHEDULED APPOINTMENT, YOU MUST CONTACT THE CALL CENTER NO LESS THAN 24 HOURS IN ADVANCE. NO SHOWS ARE REPORTED TO THE GOVERNING AGENCIES.

To schedule fingerprint services, please contact the call center at (877) 503-5981 between the hours of 8:00 AM and 5:00 PM, Monday through Saturday. For TTY service, call (800) 673-0353. English and Spanish language operators are available.

Your applicant ID number and the date and time of appointment will be given to you when you contact the call center. Please record this information at the time of your call. The fingerprint operator will record your PCN following fingerprinting. Please retain this form as proof of fingerprinting. **Duplicate receipts will not be available after the date of fingerprinting.**

<b>Date/Time of Appointment</b>	<b>Applicant Id Number</b>
<b>PCN</b>	

<b>(1) First Name</b>		<b>(2) Middle Initial</b>	<b>(3) Last Name</b>		
<b>(4) Daytime Telephone Number</b> (    )    -		<b>(5) Social Security Number</b>	<b>(6) Date of Birth</b>	<b>(7) Height</b>	<b>(8) Weight</b>
<b>(9) Maiden Name (if married female)</b>		<b>(10) Place of Birth</b>		<b>(11) Country of Citizenship</b>	
<b>(12) Home Address</b>					
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>(13) Gender (select one)</b> Male    Female    Both		<b>(14) Hair Color</b>	<b>(15) Eye Color</b>	<b>(16) Race (select one)</b> A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native W White (Includes Hispanic/Spanish origin) U Unknown	
<b>(17) Occupation</b>			<b>(18) Employer Name and Address</b>		
<b>(19) Statute Number</b>			<b>(20) Reason for Fingerprinting</b>		
<b>(21) Originating Agency Number (ORI#)</b>			<b>(22) Contributor's Case Number (Agency Unique Identifier)</b>		
<b>(23) Category</b>			<b>(24) Document Type</b>		

**NOTE: Items 19-24 and payment information to be completed by employer or agency.**

<b>ACCEPTABLE FORMS OF ID:</b> IDENTIFICATION DOCUMENT MUST INCLUDE PHOTO, NAME, ADDRESS (HOME OR EMPLOYMENT) AND DATE OF BIRTH, AND MUST HAVE BEEN ISSUED BY A FEDERAL OR STATE GOVERNMENT ENTITY FOR THE PURPOSE OF IDENTIFICATION. ACCEPTABLE IDENTIFICATION INCLUDES 1) PHOTO DRIVER'S LICENSE, 2) PHOTO ID ISSUED BY MUNICIPAL, COUNTY OR STATE IN LIEU OF A DRIVER'S LICENSE, 3) PASSPORT OR IMMIGRATION ID, OR 4) MUN ICIPAL, COUNTY, STATE OR FEDERAL GOVERNMENT EMPLOYEE PHOTO ID CARDS.	<b>Payment Information</b>
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